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DEPARTMENT OF MENTAL HEALTH

<http://dmh.lacounty.gov>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

March 11, 2009

TO: Each Supervisor
Robin Kay for
FROM: Marvin J. Southard, D.S.W.
Director of Mental Health
SUBJECT: **REPORT ON MENTAL HEALTH SERVICES ACT FUNDING
OPPORTUNITIES AND TRANSFORMATION EFFORTS**

On February 12, 2008, your Board directed the Chief Executive Officer (CEO) and Director of Mental Health to: 1) assist community agencies in transforming their programs to utilize Mental Health Services Act (MHSA) funding to mitigate the impact of the 2007-08 budget deficit on services to clients; 2) work with stakeholders to advocate with the State to allow for maximum flexibility in the use of MHSA funding to mitigate impact to current and potential future services; and 3) pursue such actions, including advocating to the State to give counties flexibility to place one-time funds generated from future potential one-time MHSA allocations and/or potential MHSA savings, into the County MHSA special fund to be used for future contingencies including maintaining services outside of the MHSA plan.

In addition, your Board directed the CEO and Directors of Mental Health, Children and Family Services (DCFS), and Public Health (DPH) to report back, on a quarterly basis, to: 1) identify MHSA funding to maximize services to address the mental health needs of foster children; 2) identify specific new mental health screening, assessment and treatment services that MHSA could fund; and 3) develop a clearly defined interdepartmental strategy by which MHSA funds will support improved outcomes in prevention, reunification and permanency for foster youth.

This report is being submitted directly by the Department of Mental Health (DMH). It will update you on efforts to assist community agencies in transforming their programs to utilize MHSA funding and advocacy conducted with the State to obtain maximum flexibility in the use of MHSA funding. This also provides the third quarterly report on MHSA funding opportunities to maximize mental health services to foster children.

"To Enrich Lives Through Effective And Caring Service"

TRANSFORMATION OF MENTAL HEALTH PROGRAMS

As previously communicated in the December 11, 2008 quarterly report submitted by the CEO, DMH successfully enhanced community-based MHSA programs to mitigate the impact of the Fiscal Year (FY) 2007-08 budget deficit on services to clients. Highlights include:

- Field Capable Clinical Services (FCCS), initially implemented only for older adults, are now being offered to clients of all age groups. Through the transformation, 10 children's agencies, 10 Transition Age Youth (TAY) agencies, and 17 adult agencies now have or are in the process of developing FCCS services. Three additional FCCS programs are being implemented for older adults. Full Service Partnership (FSP) programs were expanded with 7 children's providers, 4 TAY providers, 5 adult providers, and 2 older adult providers electing to serve additional high-need clients.
- 12 agencies elected to develop Wellness Centers.
- 3 providers chose to offer MHSA-funded outreach and engagement services to special hard-to-reach individuals.

During the fall of FY 2008-09, DMH identified an additional shortfall in funding due to the decrease in Vehicle License Fees and sales tax realignment, directly related to the downturn in the economy in California. To address this shortfall, DMH convened a stakeholder workgroup and an ad hoc advisory committee of contract providers to develop a strategy for mitigating this gap in current year funding. Similar to the approach developed to mitigate the FY 2007-08 deficit, DMH will support community agencies that elect to transform their programs utilizing MHSA funding in order to preserve service capacity to the greatest degree possible. While the plan for the enhancement of MHSA-funded programs is not finalized, at this time 35 contract agencies are proposing the delivery of new or expanded community-based MHSA programs including the following:

- FCCS: Last fiscal year's transformation efforts allowed agencies to establish FCCS programs beyond the services to older adults. This fiscal year's efforts include proposals to establish and/or expand 32 FCCS programs for the following age groups:
 - 7 programs for children
 - 7 programs for TAY
 - 13 programs for adults
 - 5 programs for older adults
- FSP Programs: Agencies proposed an expansion of 11 FSP programs for the following age groups:
 - 3 programs for children
 - 3 programs for TAY
 - 4 programs for adults
 - 1 programs for older adults

- Wellness Centers: The development or expansion of 7 adult and 1 older adult wellness center have been proposed by agencies as part of their transformation efforts.
- Other Community Services and Supports (CSS) programs have been proposed for expansion:
 - 2 programs targeted for Probation/Co-occurring Disorders (Substance Abuse) for both children and TAY
 - 2 Outreach and Engagement Services for all age groups
 - 2 programs for Alternative Crisis Services.

Advocacy Efforts

DMH continues to have close collaboration with other California counties and stakeholders to encourage the State to provide counties with the flexibility to use any potential new MHSA funding to support system-wide efforts to transform mental health services, particularly as budgetary constraints in the traditional mental health services programs threaten to eliminate mental health services to vulnerable populations, including the uninsured and underinsured.

MHSA FUNDING - FOSTER CHILDREN

Maximizing Services

As described in the August 19, 2008 memo to your Board, in its spending plan for 2008-09 MHSA CSS growth dollars, DMH included an additional \$3.3 million to support expanded services to foster youth. This funding is being used to expand FSP slots for children and TAY currently in foster care. MHSA funds will be used to draw down Early and Periodic Screening, Diagnosis and Treatment Medi-Cal funds enabling DMH to provide intensive evidence-based services to an additional 525 children and 223 TAY in foster care. This expansion will be implemented in FY 2009-10 as part of the Katie A settlement agreement to increase capacity of wraparound 'like' programs.

Analysis of the current 1,533 FSP children/youth authorized for services demonstrate that approximately 80 percent of the children/youth have a history of or are currently under the supervision of DCFS.

As part of the transformation process in FY 2007-08, DMH supported providers that wished to develop and implement FCCS for children and youth. FCCS involves the delivery of services outside of traditional mental health settings, including in locations such as clients' homes, foster homes, schools, and other locations where children, TAY and their families may gather. While not as intensive as FSP programs, FCCS services may be an appropriate community-based option for foster children whose level of mental health need does not necessitate wraparound-type services. Seven agencies have elected to deliver FCCS services to children in foster care and are now providing these community-based interventions. In addition, five agencies have elected to

provide FCCS services to TAY in foster care. Finally, TAY systems navigation teams comprised of a psychiatric social worker and housing coordinator are working in each service area to enhance outreach, engagement and linkage to mental health services for youth involved in foster care.

New MHSA Funded Services and Interdepartmental Strategy

The Prevention and Early Intervention (PEI) component of MHSA will present additional opportunities to address the needs of youth in the foster care system, as well as those at risk of entering foster care. Community-based planning for the PEI component of the MHSA has entered its final phase in Los Angeles County. Each of the eight DMH Service Area Advisory Committees (SAACs) established a 29-member ad hoc PEI steering committee comprised of both public and private stakeholders who are knowledgeable about community priorities. The steering committees are presently developing recommendations for the County's PEI Plan regarding priority populations and PEI program strategies for their respective areas based upon findings from the PEI needs assessment activities (key individual interviews, focus groups, data profiles) and community forum data. A ninth ad hoc PEI steering committee for countywide populations was formed to develop recommendations for six special populations (American Indians, deaf/hard-of-hearing, gay/lesbian/bisexual/transgender, juvenile justice, veterans, and countywide health plans). The target date for submission of the PEI Plan to the state is June 2009.

In addition to the community forums and teach-ins on evidence-based models for prevention, a DMH and DPH workgroup focusing on the needs of children ages 0 to 5 has continued its work. This interdepartmental workgroup is finalizing a prevention proposal to strengthen perinatal support networks for at-risk low-income first-time pregnant women who can continue to be served up to the child's 2nd birthday. By intervening at this critical time, it may be possible to reduce risk factors and stressors associated with initial onset of mental illness, and promote practices that enhance brain development during the early lives of vulnerable children. Such prevention proposals are intended to strengthen families, thereby ultimately reducing children's risk of entering foster care.

DMH continues to make progress on the identification and utilization of MHSA fundable services, and the Department will prepare another status report, as of the next quarterly report which is targeted for June 2009.

If you have any questions, please contact me, or your staff may contact Robin Kay at (213) 738-4108, or at rkay@dmh.lacounty.gov.

MJS:RK:tld

- c: Executive Officer, Board of Supervisors
- Chief Executive Officer
- County Counsel
- Director, Department of Children and Family Services
- Director and Health Officer, Department of Public Health